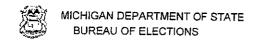


Rep. 3-7-2011

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

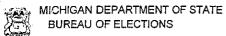
COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: Oct 24, 2011 to Nevember 28, 2011
1. Committee I.D. Number	4. Candidate Last Name First Name, M.I.
150589	PETERS Slizabeth
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)
Committee to Elect	2NO Ward Commissioner-City of Bay-City
Elmabeth L. Peters	4b. County of Residence Bay
5. Committee's Mailing Address	6. Treasurer's Name & Residentia Address
2301 Center Avenue	Michael J. Debo
1 Bay City, MI 48708	1500 N. Dewith St.
Area Code and Phone 989 - 598 - 2155	bay City, MI 48706
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 989 1084-5121
7. Treasurer's Business Address	8. Designated Record keeper's Name and Mailing Address (If the committee has a
Chemical Bank	Designated Record keeper)
213 Center Ave.	
Bay City, WE 48706	
Area Code and Phone 989 - 894 - 9820)	Area Code and Phone
9. TYPE OF STATEMENT	y and dodd did 110/16
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary	9e. Dissolution of Candidate Committee
Convention	ool Effective Date of Dissolution
Special Cauc	
	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Walver must file all rec Schedules. Direct contributions, in-kind contributions, toans, expen if any of the information listed in items 2, 4, 5, 6, 7, or 8 has change amendment to the Statement of Organization should accompany the before the filing deadline of a required campaign statement the	uired Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. d since the information was shown on the committee's Statement of Organization, an s Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
10. Verification: I/We certify that all reasonable diligence was used in my/our knowledge and belief the contents are true, accurate and con	
	npiete.
Current Treasurer or Designated Record keeper Michael J Delao	Marrief Hallo. 12/2/11
Type or Print Name	Signature Date
Candilate Mabeth Selles	Elizabeth L. Peters Date 12/2/11
Authority granted uniter P.A. 388 of 1976	, Signature Print



SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Elizabeth, Peta

CANDIDATE COMMINITEE		1.00
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Outstanding this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 1775°C	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 1275 °C	(18.) \$ 412000
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 127500	(20.) \$ 4120 60
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$ 1,285,62
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>340.60</u>	(23.) \$ 1,079 93
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$:
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)		
	(12b.) \$BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ 2111.97	
(Enter zero if no previous reports have been filed.)	1776 00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ 1,275.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ 3,386.97	•
16. Amount expended during reporting period	(16.) - \$ <u>340.60</u>	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 45)	(17.) \$ 3,046,07.	
(Subtract line 16 from line 15)	,	



Page _____ of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number 150589

Page.

CANDIDATE COMMITTEE 2. Committee Name ONN	LICE TO EIEC	I Eli ZADETU LITET
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 10 31 11 Name & Address: Dave & Amy Washd		
7250 E. Ronrick Pl Frankenmuth, MI 48734-9103	\$250,°°	\$
5. If over \$100.00 cumulative, please provide: Occupation Attorney Employer Musua Labor Law Group	Click Here fo	r Memo Itemization
Business Address 4449 Fashion Square Blud Saginary MT Type of Contribution: Direct Loan from a person Fund Raiser	48603	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10 29 11 Name & Address Dr. Steven J. Incersoll 1725 Carlisle Farms Dr.	~~°°°	
Traverse City, MI 49686	\$500-	\$
5. If over \$100.00 cumulative, please provide: Occupation Dev elopex Employer Self-Employed-	Click Here for	Memo Itemization
Occupation Developer Employer Self-Compleyed Business Address 400 Madison Avenue Bay City MT 4870	රි	
Type of Contribution:		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 11/3/11 Name & Address: Peter Ewand 3850 Mannion Seginary, MT 48 603	\$25 <u>:00</u>	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address Type of Contribution: Direct Loan from a person Fund Raiser	·	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10 25 11 Name & Address Tim Hunnicutt		
20% Brookstone Cir Dewitt, MI 48820	<u>\$ 500°</u>	\$
5. If over \$100.00 cumulative, please provide: Occupation CZO Employer Front Porch Renaissame		Memo Itemization
Business Address 400 Madison Avenue Bay City Minimum Spirect Loan from a person Fund Raiser	48708	
Page Subtotal	1275,00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	127500	
	Enter this total on line 3a of Summary	



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number ______ 50 580

CANDIDATE COMI	WITTEE 2. Committee Name Countities to	Elect Elizabeth Lite
Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: TONNL. PETERS 2301 CENTER AUENUE BAY CAY MI 48708 If over \$100.00 cumulative, please provide:		11.65 \$ 744.68
Employer Name & Business Address:	Description	k Here for Memo Itemization
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description 5. Date Of Receipt: 6. Vendor Name & Address: Click	k Here for Memo Itemization
Fund Raiser Contribution		
Contribution #3 PAC Receipt? Yes Name & Address:	4 Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	Description	
Fund Raiser Contribution	Click	Here for Memo Itemization
	Page Subtotal Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	11.65 744.68
	_	Enter this total on line 6 of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150 589

2. Committee Name Countities to Elect Elizabeth L. Peters

2.	Committee Hame Village For Colors	1 1	71-0-1
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
		_ i _	
Name DELUXE Check		9127	\$ 32,25
X C		Date	* <u>36,6</u> 3
Address	Purpose: ChECKS	Date .	
•			
	Click H	lere for Mem	o Itemization Type
			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
<u></u>	statement		
Expenditure #2			
Name of A Table 200		1.1	
Name BAY City limes		-iU4/7	1 \$ 29700
		Date	• 271
Address - + - + -	Purpose: Last word AS	Date	
Address 311 5th 5t.			
/ / // / / / / / / / / / / / / / / / / /	Clink H	ora for Mam	o Itemization Type
BAYCITY, MI 48708	CIICK IT	are for Metric	nemization type
Ond city in			
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #3			
Name			
Ivanic			•
		·	. \$
Address	Purpose:	Date	
	Click He	ere for Memo	Itemization Type
			101112010111190
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Pullu Naisei	statement		
Expenditure #4			
, Nama			
Name			
	_		\$
Address	Burner	Date	
1000	Purpose:		
	Click He	re for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
	statement		
Expenditure #5			
Name			
	**************************************		\$
Address	Purpose:	Date	· ——
	Click He	re for Memo	Itemization Type
İ	parameter quantities and the same and the sa		
	Check box if this expenditure is payment of		!
Fund Raiser	debt or obligation reported on previous		
	statement		···
	Subtotal	this page	スつのひに
	_ 4010141		329.95
	Grand Total of all Sc	hedules 1R	
	(Complete on last page of	I	324.45
	(complete of fast page of	· Jonedaile)	

Enter this total on line 8a of Summary Page

Page _____ of ____

Peter or Jill Ewend
E530-680-622-502 E-530-414-067-827

3850 Mannion (989) 793-8370

DATE WAR PAYTO THE ORDER OF LIZ PEAR FOX ZNO Want Commands and Superior back.

Citizens Bank

FOR

11313

PAYTO THE CITIZENS BANK

DOTTMARS PASSELITY details

FOR

1:0 7 24,00 5 281: 0358377511

Constine Hunnicutt 200 Brookstone Circle Dewitt, MJ 48820 Roy with Other of Charles Ly Committee Ly Committee La Committee Co	1840 201/ ^{14-7826/2720} Pate 201
Take Trust 501 S. Capitol Ava. Lainsing, MI 48933-2320 568-267.7200 laketrust.org	Dollars 1 Stewity Details on Back.

Harland Clarke

AMERICA THE BEAUTIFUL

POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate subject to Michigan's Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed before the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is not required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file a Post-Election Campaign Finance Compliance Statement must submit this form to the filing official designated to receive the elected candidate's campaign finance disclosure filings.
- An elected candidate subject to the Post -Election Campaign Finance Compliance Statement filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.
- If you need information on your current compliance status under the Michigan Campaign Finance Act, contact the Michigan Department of State's Bureau of Elections and/or the appropriate county clerks as necessary.

By signing this affidavit, I swear (or affirm) that the facts contained in the statement set forth below are true.

At this date, all statements, reports, late filing fees, and fines due from me or any Candidate Committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.

I further acknowledge that making a false statement in the	nis affidavit is periury – a felony punishable by a fine up
to \$1,000.00 or imprisonment for up to 5 years, or both.	(MCL) (68.848, 933 and 936)
	, , , , , , , , , , , , , , , , , , , ,
The court of	
Signature of Candidate:	Tello
Printed Name of Candidate: F1726	eth L. Peters
Residential Address: 230 Center	Avenue
Bay City, N	VI 48703
Phone: 989-895-6535	
Office You Will Assume: 2ND Word (ommissioner-City of Bey City
	0000
Subscribed and sworn to by	Name of Notary: MochAEI J. DELO
before me on the Z^{NS} day of DEC , , 2011	Notary Public, State of Michigan, County of Bay
	My commission expires 9/4/15
Muray (falely)	Acting in the County of BAY
Signature of notary public /	

MYCOMMISSIS!

MICHAEL J. DEBO Y PUBLIC, BAY COUNTY, MICHIGAN MMISSIONEX PIGES SEPTEMBER 4, 2015

(Rev. 9/2008)



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

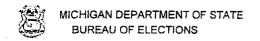
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

	ORW FOR CANDIDATE COMMITTEES
1. Committee ID #: 150589 2. Type of Filing:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election
Original	and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be
XAmendment to Items: 10 Eff. Date: 10/20//1	automatically lost if the committee exceeds the \$1,000 threshold.
3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loar Association)
Elizabeth L. Peters 4a. Candidate Full Name (Last, First, M.I.):	a. Official Depository
Peters, Elizabeth L.	Chemical Bank
4b. Political Party (if applicable):	213 Center Avenue
4c. County of Residence: Bay	Bay City, MI 48708
4d. Office Sought (Check one):	b. Secondary Depository
Governor Lt. Governor State Senator	
State Rep. Sec. of State Attorney Gen.	
State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying
Circuit Court District Court Probate Court Municipal Court	contributions or make qualifying expenditures.
Local or other please specify: Commissioner	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office
4e. District/Circuit # or Jurisdiction: 2nd Ward	
5. Date Committee was Formed: 5-17-11	The Campaign Finance Act requires any committee that files with the
6a. Committee Phone #: 989-895-2535	Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to
6b. Committee Fax #: 989-892-1297	you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address: Dschutt33@gmail.com	
6d. Committee Website Address:	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
7a. Complete Comm. Mailing Address (May be PO Box):	** OR **
	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box):	14. Verification: I/We certify that all reasonable diligence was used
2301 Center Avenue	in the preparation of the above statement and that the contents are
Bay City, MI 48708	true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures
	below shall serve as the signatures that verify the accuracy and
3. Treasurer Name and Complete Address:	completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the
Michael Debo 1500 N. Dewitt	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and
Bay City, MI 48706	complete to the best of my/our knowledge or belief. (Sign Name
Phone #: 989- <u>684-5131</u>	and Date)
-mail Address: Coachdebo@yahoo.com	Candidate 1014 101 100 1, 2011
. Designated Record Keeper Name and Complete Address:	Candidate
Donald C. Schutt	Milland - (10Vm 11/2/11
261 Jennison Place	Current Treasurer
Bay City, MI 48708	
hone #: 989-892-1297	
-mail Address: Dschutt33@gmail.com	Designated Record Keeper (Required only if filing electronically)

CANDIDATE COMMITTEE

FOR OFFICIAL USE ONLY

COVER PAGE	
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement covers From: 9/11/11 to 10/23/11
1. Committee I.D. Number	4. Candidate Last Name First Name M.I.
150589	PETERS Elizabeth L.
	4a. Office Sought Including District # or Community Served (If applicable)
2. Committee Name Committee to Elect Elizabeth	ZNO WARD COMMISSIONER
L. PETERS	4b. County of Residence BAY
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address
2301 CENTER AVENUE	Michael J. Debo
BAY City, MI 48708	1500 N. Dele: HSt.
Area Code and Phone 989-598-2155	BAY City, MI 48706
if the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone 989 - 684 - 5131
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Theorem Designated Record keeper)
Chemical Bank	Designated Record Reeper)
213 CENTER AUE	2 05 C
BAYCITY, MI 48706	
Area Code and Phone 989-894-9820	Area Code and Phone
9. TYPE OF STATEMENT	
9a. Pre-Election OR 9b. Post-	Election 9c. Annual Statement (Coverage Year)
Pre-Election or Post-Election Statement relates to:	9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)
Primary Gene	9e. Dissolution of Candidate Committee
Convention	of Effective Date of Dissolution
Special Cauci	
Special Cauci	By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if
Date of Election, Convention or Caucus	the dissolution cannot be granted, that this be considered a request for
11/8/11	the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule
	1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all req	uired Campaign Statements. The Campaign Statements must include all applicable ditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.
If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed amendment to the Statement of Organization should accompany this before the filing deadline of a required campaign statement, that	d since the information was shown on the committee's Statement of Organization, an s Campaign Statement. If a request for a Reporting Waiver is not received on or at campaign statement cannot be waived.
O. Verification: I/We certify that all reasonable diligence was used in	the preparation of this statement and attached schedules (if any) and to the best of nplete.
	4 1 0 0 0 0
Current Treasurer or Designated Record keeper Michael J. Debo /	Muhal/ / Del 7 10/26/11
Type or Print Name	Signature Date
candida the total	Plinghoth 1. Potors 10/28/11
Candidate Type or Print Name 2	Signature Date

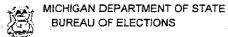


1. Committee I.D. Number 150589

SUMMARY PAGE

2. Committee Name Committee to Elect Elizabeth L. Peters

CANDIDATE COMMITTEE		· · · · · · · · · · · · · · · · · · ·
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		,
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,845</u>	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2,845</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 1,285.02	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8 Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>733.03</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$733.03	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
 b. Unitemized (less than \$50.01 each - no Schedule) 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) 	(10b.) \$	ı.
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	
 Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 	(13.) \$	
14. Amount received during reporting period	(14.) + \$ <u>2,845.00</u>	
(Line 5, Total Contributions & Other Receipts)	(15.) = \$ <u>2</u> 845.00	
15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period	(16.)- \$ <u>733.03</u>	
(Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 2,111.97	



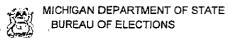
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee (.D. Number <u>150589</u>

2. Committee Name Committee to elect Flizabeth 1. Pete

middle initial. Check l Committee (PAC) Rep	oox to indicate if co port <u>all</u> contribution	ontribution is from a Political as regardless of amount.	vidual, enter last name, first name, Committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address:	PAC Receip	1 7 1	Receipt <u>9-13-\\</u>	_	
20	corral Di ginaw, mi	481.38	•	\$ 50.0°	\$
5. If over \$100.00 cun				Ψ	. •
Occupation				Click Here f	or Memo Itemization
Business Address					
Type of Contribution:	Direct	Loan from a person	X Fund Raiser		
3. Contribution #2	PAC Receipt?				
Name & Address	sham L	. Chesny	<u> </u>		
80	10 center 4 cty,1	10 407 00		\$ 50.00	\$
5. If over \$100.00 cum	ulative, please pr	ovide:		Click Here fo	r Memo Itemization
Occupation		Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	X Fund Raiser		
391	id Eastma	n Ave 18640		\$ 90 % Click Here for	\$ Memo Itemization
Occupation		Employer			
Business Address Type of Contribution:	Direct	Loan from a person	X Fund Raiser		
Contribution # 4	PAC Receipt?	YES 4. Date of	Receipt 9-13-11		
んさい かんしょう ひんしょう かんしょう かんしょう はっぱい でんしょう はっぱい ひょう はっぱい ひょう はっぱい しゅう	old kalok Old kalok	PEK awlin 1971/1		\$ 90.00	\$
i. If over \$100.00 cumu	lative, please pro	Svide:		Click Here for	Memo Itemization
Occupation	<u> </u>	Employer			
Business Address					
Type of Contribution:	Direct	Loan from a person	Y Fund Raiser		
			Page Subtotai	380°00	
		(C	Grand Total of All Schedules 1A omplete on last page of Schedule)	Enter this total on	
_	· · · · · · · · · · · · · · · · · · ·			line 3a of Summary	
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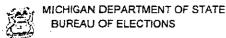
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number <u>150589</u>

2. Committee Name Committee to elect Flizabeth 1. Pete

middle initial. Check Committee (PAC) Re	box to indicate if c port <u>all</u> contribution	ontribution is from a Political ns regardless of amount.	vidua Comi		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
a.	PAC Receip CKY R. Ga 506 Cente Ly City, M	xciq x Ave	f Rec	eipt <u>9-13-11</u>	\$ 50,∞	s
5. If over \$100.00 cu					\$ 50.55	<u> </u>
	maiative, piedae j				Click Here f	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	γ	Fund Raiser		
3. Contribution #2	PAC Receipt?	YES 4. Date of	Rece	ipt 9-13-11		
Name & Address	y R. Grev	 'ሪ				
2,8	00 Nurm				\$ <u>50.°°</u>	\$
5. If over \$100.00 cun	nulative, please p	rovide:			Click Here fo	r Memo Itemization
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		
i. Contribution # 3 Name & Address: Di Di Ala B0 i. If over \$100.00 curr	PAC Receipt? 2huH Nutt 1 PL 18708	Kece	9-18-11	\$ 100.00 Click Here for	\$ Memo Itemization	
Occupation		Employer				
Business Address Type of Contribution: [Direct	Loan from a person	χ	Fund Raiser		
go	PAC Receipt? 210014 L. Urvin L. 30 E. Salz	Wood Wood burg Rd	Rece	ipt 9-13-11	\$_100 <u>\</u> \$	\$
الل If over \$100.00 cum .	ly city, Mi	48766				, , , , , , , , , , , , , , , , , , , ,
Occupation		Employer			Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	X	Fund Raiser		
			نعنب	Page Subtotal	300.00	
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age of					Enter this total on line 3a of Summary Page.	



Page _____ of ___

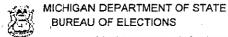
ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 150589 **SCHEDULE 1A** 2. Committee Name Committee to elect Elizabeth L. Peto CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? YES 3. Contribution # 1 4. Date of Receipt Name & Address: Pamela N. Clark 1939 Brockway Radinaw, MI 48602 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _ ___ Employer___ Business Address Type of Contribution: Direct Fund Raiser Loan from a person PAC Receipt? 4. Date of Receipt 3. Contribution #2 Name & Address Thomas E. Book Karen A. Tighe 2123 Center Ave 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation __ Business Address ___ Type of Contribution: Direct Loan from a person Fund Raiser PAC Receipt? YES Contribution # 3 4. Date of Receipt Name & Address: Kyle Higgs Tarran+ 5725 Arrowwood PL 500pinaw, M1 48688 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer Occupation _ Business Address Direct Loan from a person Type of Contribution: Fund Raiser PAC Receipt? YES 3. Contribution # 4 4. Date of Receipt Name & Address James W. Richardson carleen B. Richardson 5507 Hidden Ridge TRL s 100.00 Linden, MI 48451 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation_ Business Address ___ Type of Contribution: Loan from a person Fund Raiser Direct Page Subtotal Grand Total of All Schedules 1A

(Complete on last page of Schedule)

Enter this total on line 3a of Summary

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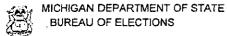
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number 150589

2. Committee Name Committee to elect Elizabeth 1. Peta

Enter contributor's name and address. If contribution is from an individual, enter last name, first middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-5-11 Name & Address: RICHORD J. JONKE Wellijo P. Jonke 272 Jennison place Bay City, M. 45-103 5. If over \$100.00 cumulative, please provide:	\$ 100.00 \$ Click Here for Memo Itemization
Occupation Employer	
Business Address	<u> </u>
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-13-11 Name & Address Allen + Suson Scioli 2898 Gulfstream Drive Saginaw, M. 48603	\$ <u>90.∞</u> \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
Name & Address: JOMES F. McGuinness Christine M. McGuinness 7099 Albosta 8091n0w, M1 48609 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person X Fund Raiser	\$ 100.00 \$ Click Here for Memo Itemization
Name & Address M.A. Schoeff 1. G. Schoeff 4000 wodside Dr Saginaw, m. 4863 5. If over \$100.00 cumulative, please provide:	\$ 100.00 \$
Occupation Employer	
Business Address	_
Type of Contribution: Direct Loan from a person X Fund Raiser	
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Grand Total of All Schedu (Complete on last page of Sci	hedule)
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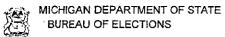
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number <u>150589</u>

2. Committee Name Committee to elect Elizabeth 1. Peto

Enter contributor's name and address. If contribution is from an individual, enter last name, first na	ame, 6. Amount 7. Cumulative for
middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	t Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Q-13-11	
Heidi A. Bolger 11307 Geddes Rd. Frecland, MI 48623 5. If over \$100.00 cumulative, please provide:	\$ 50.00 \$ Click Here for Memo Itemization
Occupation Employer	Click Here for Metho itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-8-11 Name & Address Robert Grunow Ir. 371 W. Logan St P.O. Box 831 Lake City, MI 49651	\$ <u>50.00</u> \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
Occupation Employer	
Business Address	-
Type of Contribution: Direct Loan from a person X Fund Raiser	
Name & Address: Craig D. Alston 2480 Unter Ave Boy City, MI 48708 5. If over \$100.00 cumulative, please provide: Occupation Employer	\$ 50.00 \$ Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
Name & Address M. JCAN Good now 1980 5. Hotchuss rd. Boy City, M, 48706 If over \$100.00 cumulative, please provide:	s 50, ∞ s
	Click Here for Memo Itemization
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
Page Sub Grand Total of All Schedules (Complete on last page of Sched	\$ 1A
Page of	line 3a of Summary Page.



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number <u>150589</u>

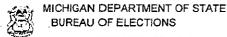
SCHEDULE 1A I. Committee t.D. Number	100001	
CANDIDATE COMMITTEE 2. Committee Name	ommittee to e	lect Elizabeth L
Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-13-11 Name & Address:		, , , , , , , , , , , , , , , , , , ,
Ellen Crane Freigang 17 East Hannum Blvd Saginaw, MI 48602 5. If over \$100.00 cumulative, please provide:	\$ 25.00	\$for Memo Itemization
Occupation Employer	Click Here	or Metho Reffization
Business Address Type of Contribution: Direct Loan from a person X Fund Raiser		
S. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-11-11 Name & Address Charlotta Biari 6771 River Street Caseville, M. 48725	\$ 200. ∞	\$
5. If over \$100.00 cumulative, please provide:	Click Here fo	or Memo Itemization
Occupation <u>BUINER</u> Employer <u>SEASONS CHANGE HUME</u> H	EALTH N AKE	
Business Address 5 S. MAIN, BOX 409, PIGEON, MICHIGAN 48755	- Tria Copice	•
Type of Contribution: Direct Loan from a person X Fund Raiser		
. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9-13-11	_	
Faye C. Myhra Smith 1817 Center Avenue Bay City, M1 48708	\$ 50.00	sr Memo Itemization
. If over \$100.00 cumulative, please provide:	Oliok Flore To	Welle Remization
DecupationEmployer		
susiness Address		
Type of Contribution: Direct Loan from a person X Fund Raiser Contribution # 4 PAC Receipt? YES 4. Date of Receipt Q - 2- 1		
Type of Contribution: Direct Loan from a person X Fund Raiser	s 90. °°	\$
Type of Contribution: Direct Loan from a person X Fund Raiser Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-13-11 MICHAELE. WOOLEY 1811 CENTER AVC BOY CHY, MI 48708 If over \$100.00 cumulative, please provide:		\$ Memo Itemization
Contribution: Direct Loan from a person X Fund Raiser Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-13-11 MICHAEL E. WOOLEY 1811 Center Avc 804 CHY, MI 48708 If over \$100.00 cumulative, please provide: Decupation Employer		\$ Memo Itemization
Type of Contribution: Direct Loan from a person X Fund Raiser Contribution # 4 PAC Receipt? YES 4. Date of Receipt 9-13-11 MICHAELE. WOOLEY 1811 CENTER AVC BOY CHY, MI 48708 If over \$100.00 cumulative, please provide:		\$ Memo Itemization

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

Grand Total of All Schedules 1A

Page _____ of ____



ITEMIZED CONTRIBUTIONS

1. Committee I.D. Number 150589

SCHEDULE 1A 2. Committee Name Committee to elect Elizabeth L. Peter CANDIDATE COMMITTEE Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) PAC Receipt? YES 3. Contribution # 1 4. Date of Receipt Name & Address: R.W. Sidney Makgaret H. Sidney 4800 Bookstone Dr. W. \$ 100.00 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation Employer_ Business Address Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address Robert D. Janu IIII N. Water 8t. Unit \$ 50.00 Bay City, M1 48708 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation ___ Business Address Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt Name & Address: Clint Braun P.O. Box 122 caseville, my 48725 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation BUIDER Employer Clint BRAUN Type of Contribution: Loan from a person PAC Receipt? [Contribution # 4 YES 4. Date of Receipt Name & Address Peter Avery 1216 33rd Street Bay City, MI 48708 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation COMDUTER Business Address Type of Contribution: Loan from a person Direct

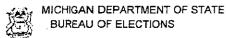
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Grand Total of All Schedules 1A

Page Subtotal

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Page _____ of ___



Page _____of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

1. Committee I.D. Number <u>150589</u>

line 3a of Summary

Page.

CANDIDATE COMMITTEE 2. Committee Nam	 Committee to elect Elizabeth 1. A
Enter contributor's name and address. If contribution is from an individual, enter last name, first r middle initial. Check box to indicate if contribution is from a Political Committee or an Independer Committee (PAC) Report all contributions regardless of amount.	
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9-13-11 Name & Address: Behjamin Knizacky 1310 STANTON STREET BAY CITY, MI 48708	s 90.00 s
5. If over \$100.00 cumulative, please provide:	Oliole Hann für Manne Haustratten
OccupationEmployer	Click Here for Memo Itemization
Business Address	
Type of Contribution: Direct Loan from a person X Fund Raiser	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9-13-11 Name & Address Johanne Luth 953 N. Jones Rd Essexville, MI 48132	\$_50, ⁸⁰ \$
5. If over \$100.00 cumulative, please provide:	Click Here for Memo Itemization
OccupationEmployer	_
And a second sec	\$ 100.00 S Click Here for Memo Itemization
Contribution # 4 PAC Receipt? YES 4. Date of Receipt Name & Address	\$ 5
o. If over \$100.00 cumulative, please provide: Occupation Employer	Click Here for Memo Itemization
Business Address	- -
Type of Contribution: Direct Loan from a person Fund Raiser	
Page Su	btotal 240.00
Grand Total of All Schedule	
(Complete on last page of Scho	Enter this total on



ITEMIZED IN-KIND CONTR	RIBUTIONS		150589)	
SCHEDULE 1-II	()	1. Committee I. D. Number			21 -
CANDIDATE COMM	IITTEE :	2. Committee Name <u>Com</u>	mittee to Ele	et Elizabeth L	.teters
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Reportall in-kind contributions.	5. Date of Receipt	Contribution (Check applicates of Vendor from whom goo	·	7. Ambunt or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: ZIRAbeth L. Poters 2301 Center Avenue Bay City; MI 48708 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Business Address: Nasid Labor Law Group 4449 Fashion Square R Saginas, MI 48002 Fund Raiser Contribution	Goods Donate Goods or Serv Goods or Serv Description 5/9 5 Date Of Receip 6 Vendor Name	ices Purchased by Candidatices Purchased by Candidatins. Literature, the control of the control	te or Others LOAN Name you hat 10/20/20/	733,03 s	11575
Contribution #2 PAC Receipt? Yes Name & Address Charlotte Bierr Leff River Bierr Caseville, MI 48725 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Season's Change Home Heatth Care	Goods Donate Goods or Sen Goods or Sen Description Description	vices Purchased by Candida vices Purchased by Ca	s Donated ate or Others ate or Others- LOAN 2/ (2)	200 \$	mization
To Box 409, Pigeon Fund Raiser Contribution	, MI 4875	5			
Contribution #3 PAC Receipt? Yes Name & Address: Don Sabourin 1812 Center Avenue Ray City, MI	Goods Donate	ement or Guarantee of Bank d or Loaned Services ces Purchased by Candidat ices Purchased by Candidat	Donated \$	<u>361.68</u> s	ſ
If over \$100.00 cumulative, please provide: Occupation: Dentist Employer Name & Address: Self-employed Shattack Sagman, MT 48603 X Fund Raiser Contribution	Description 75. Date Of Receipt 6. Vendor Name 8 SIU5 July			lick Here for Memo Ite	mization
			Page Subtota al of all Schedules 1-l ast page of Schedule	1 161.68	nary

Page 1 of 2

ITEMIZED IN-KIND CONTRIBUTIONS

ITEMIZED IN-KIND CONTI	15056	1 G	
SCHEDULE 1-II		lantett' - 1	1 1000
CANDIDATE COMM	NITTEE 2. Committee Name WMMUHee fo E	ect Elizabeth i	L. PEKI
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name 2. Addison of Various formula for the contribution (Check applicable box)	Fair Market for Value Cy	Cumulative Election cle (Through
Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	Name & Address of Vendor from whom goods or services were purchased	da	te in Item 5)
Contribution # 1 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address:	Goods Donated or Loaned Services Donated	361.67 s	
10013 Hotel KISS Rd.	Goods or Services Purchased by Candidate or Others	, - 4 1 0 1	
FICE COND M 48633 If over \$100.00 cumulative, please provide: Occupation:	Goods or Services Purchased by Candidate or Others- LOAN Description FOND & BENEVAGES		
Employer Name & Business Address:	5. Date Of Receipt: SPATP WHEY 13, 2011		
Employer Name & Dusiness Address.	6. Vendor Name & Address;		
	0/d OctyHall 8/4 Gagnaw Hreet	lick Here for Memo Itemiza	ation
Fund Raiser Contribution	Bay Peter M 48701		
Contribution # 2 PAC Receipt? Yes	4. Endorsement or Guarantee of Bank Loan		
Name & Address A M // Nittehhor	Goods Donated or Loaned Services Donated	211/4	
110 130 Latch Kissky.	Goods or Services Purchased by Candidate or Others \$_	341.67 \$_	
Free land MI 49/22	Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:	Description FOOD + BEVERAGES		
Occupation:	5. Date Of Receipt: <u>Spotember 13, 2011</u>		-
Employer Name & Address:	6. Vendor Name & Address; Old Uty Hall Street	Click Here for Memo Itemiza	ation
Fund Raiser Contribution	May Arty MI 4008		
	4. Endorsement or Guarantee of Bank Loan		
Contribution #3 PAC Receipt? Yes Name & Address:	Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$	•	
	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN		
If over \$100.00 cumulative, please provide:			
Occupation:	Description		
Employer Name & Address:	5. Date Of Receipt:	•	
	6. Vendor Name & Address:	Click Here for Memo Itemiza	ation
Fund Raiser Contribution			
	Page Subtot	123.34	
	Grand Total of all Schedules 1-		
	(Complete on last page of Schedul	1000-100	
		Enter this total on line 6 of Summary	
		Page	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Elizabeth L. Peters

OANDIDATE COMMITTEE 2.	Committee Name Committee To Elect E	1, 245ETV	1 4. 12/ERS
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name SERVICE Sign & SCREEN		9/26/11	\$ 50000
Address 1605 BROADWAY	Purpose: 5.9NS	Date	
BAYCITY MIL 48708	i		Itemization Type
Fund Raiser	Check box if this expenditure is payment or debt or obligation reported on previous statement	F	
Expenditure #2			
Name BAISD PRINTING SERVICES	Purpose: Peint, Ng	10/11/tl	\$ <u>169.96</u>
Address 422 8 Two Mile ROAD			
BAUCITY, MI 48106			Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name DOLLAR TREE STORES, INC.		9/19/11	\$ 16.96
Address 2614 CENTER AUE.	Purpose: CARDS	Date	10.70
BAY (Ay, MI 48 208	Click I		temization Type
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name BAY City POSTOFFICE Address BAY City, MI 48708	Purpose: 54 mps	9 24/11 Date	\$ <u>26.40</u>
217 - 10100	Click +	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
xpenditure #5			
Name City of Bay City		7/25/11	s 658
bayetty, M148706	Purpose: LISTS	Date	*_0~0
		lere for Memo II	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subtor	tal this page	719.90
	Grand Total of all S	chedules 1P	

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)

Page ____ of _____



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number 150 589

2. Committee Nambourittes to Elect Elizabeth Li Peters

Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C. Ty of BAY City Address BAY (174, MI 48708)		9/30/1 Date	· 13.13
Address BAYC 174, MI 48708	Purpose: Lists	Date	
, , ,	Click H	lere for Mem	o Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser Expenditure #2	statement	- 	
Name			
Name		Data	\$
Address	Purpose:	Date	
	Click H	ere for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement	•	
Expenditure #3			
Name			\$
Address	Purpose:	Date	· · · · · · · · · · · · · · · · · · ·
	Click He	ere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name			
Address	Purpose:	Date	\$
	r urpose.		
		re for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name ·			
Address	Purpose:	Date	\$
	Click Her	re for Memo !	Itemization Type
_	Check box if this expenditure is payment of debt or obligation reported on previous		71
Fund Raiser	statement		
	Subtotal	this page	13.13

Enter this total on line 8a of Summary Page

Grand Total of all Schedules 1B (Complete on last page of Schedule)

Page 2 of 2



DEBTS AND OBLIGATIONS SCHEDULE 1E

CANDIDATE	COMMITTEE

Page ____ of _

Nom mitter to Weaf Elizabeth / notore

CANDIDATE COMMITTEE 2. C	ommittee Name (<u>VIII) III</u>	erecerent	appin L.	perers	
This Schedule itemizes:	`				
aDebts and obligations owed by or forgiven the com. (Chec	mittee OR b. 🔽 Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or irpose checked.)	r forgiven <u>by</u> the cor KIND - LOAN		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an	4. Type of Obligation (Description) 5. Indicate date debt was incurred	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus	
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			Item 8)	
Debt #1 Corp? Yes Owed to or by:	4. Type: <u>6040</u>	10/20/11 \$733.03			
ELIZABETH LIFTERS 2301 CENTERAVE DAY CITY, MI 48708	5. Date Debt Was Incurred:	\$		f	
630/ (LEW) EX 100	6. Original Amount of Debt:	<u> </u>	\$ <u>733,03</u>	\$	
019 011 11 10 0	\$ 733.03	<u> </u>		FORGIVEN	
If bank loan, name of endorser or guarantor:		\$	· · · · · · · · · · · · · · · · · · ·		
	7	T Amo	ount Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$			
	5. Date Debt Was Incurred:	\$			
	6. Original Amount of Debt:	\$	\$	\$	
	\$	\$ \$		FORGIVEN	
If bank loan, name of endorser or guarantor:	,		ount Endorsed: \$_	·	
Debt #3 Corp? Yes	4. Type:	\$			
Owed to or by:	5. Date Debt Was Incurred:	\$			
		\$			
	6. Original Amount of Debt:	\$	\$	\ <u> </u>	
	\$	<u> </u>		FORGIVEN	
If bank loan, name of endorser or guarantor: Amount Endorsed: \$					
				À	
		· · · · · · · · · · · · · · · · · · ·	(Outstanding debt)		
(Co	omplete on last page of Schedule s	Grand Total on the showing amounts owed by o	of all Schedules 1E r to the committee)	Enter this total	
				on line 12a "owed by"" or line 12b	
	A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of "owed to" of the this Campaign Statement or it was forgiven during the period covered by this Campaign Statement. "owed to" of the Summary Page 1.5 Summary Page 2.5 Summary Page 2.5 Summary Page 3.5 Summary				

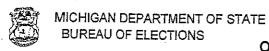
FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number <u>156589</u>

2. Committee Name Committee to Elect Elizabeth L. Peters

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
, Date Event Was Held	Number of Individuals Attending or Participating (whichever is	5. Type of Fund Raising Activity	6. Address and Name (If any) of the place where the activity was held.
9/13/11	greater)	SOCIAL EVENT AT A PRIVATE RESIDENCE	DON SABOURIN 1812 CENTER AVE. DAY CITY, MI 4870 Private Residence
Total Contributions	2,845		
Other Receipts	, , , , , , , , , , , , , , , , , , ,		
Gross Receipts (Add lines 7 a	2845)	
. Total Cost of Event otal Cost includes In-Kind Con	tributions and All Expenditures	<u> </u>	
Check if event was a joir	nt fund raiser and complete the	following:	
Co-Sponsor(s)	Contribution S _I (%)	olit	Expenditure Split (%)
Dave Dittenber	>		<u> </u>
Amy D. HENDER			13 %
Amy Di Henber Don Sabourin			113%
		· · · · · · · · · · · · · · · · · · ·	
			
	12 TV		
	d to file a separate Fund Raiser		

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMM

4 Committee ID III - 1 Committ	ORM FOR CANDIDATE COMMITTEES
1. Committee ID#: /5 0589 2. Type of Filing: Original Amendment to Items: Eff. Date:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect 4a. Candidate Full Name (Last, First, M.I.): Peters, Elizabeth L. 4b. Political Party (if applicable):	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loa Association) a. Official Depository Chemical Bank 213 Center Averue
4c. County of Residence: Bay	Bay City, WH #8708
Governor	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee interest to seek qualifying contributions or make qualifying expenditures.
Municipal Court Local or other please specify: Commissioner 4e. District/Circuit # or Jurisdiction: 2 ND Word	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office
5. Date Committee was Formed: 5-17-11 6a. Committee Phone #: 989 895-2535 6b. Committee Fax #: 989 892-1297	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address: DSCHUT33@ Amail 6d. Committee Website Address:	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
The state of the s	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box): 2301 Center Avenue Bay City, MI 48708	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
Bay City, MI 48706	completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #: 989 684-5131	The better 5-31-11
Designated Record Keeper Name and Complete Address: Donald C. Schutt 261 Jennison Place	Muhar Jalo 5/31/11 Current Treasurer
hone #: 989 892-1297 E-mail Address: D5chutt33@gmail.com	esignated Record Keeper (Required only if filing electronically)